Washington State Department of Labor & Industries

Industrial Insurance Medical Advisory Committee Meeting

Approved Minutes for October 22, 2009 Meeting

Time & Lead	Topic
Welcome & Introductions	Members present: Drs. Bishop, Carter, Chamblin, Firestone, Friedman, Harmon, Krengel, Lang, Ploss, Sullivan, Tauben, Waring, Yorioka Members absent: Dr. DeAndrea L&I Staff present: Dr. Glass, Simone Javaher, Reshma Kearney, Jason McGill, Jaymie Mai, Josh Morse, Hal Stockbridge Members of the Public present: Ryan Guppy, United Back Care; Becky Bogard, Bogard and Johnson, (others were present who did not sign in).
Review and approve minutes from 7/23/09 IIMAC meeting	ACTION TAKEN: Minutes were approved.
Report from Upper Extremity Entrapment (UPEX) Subcommittee	Dr. Chamblin presented the final draft of the Ulnar Neuropathy at the Elbow (UNE) guideline. No public comments were received. ACTION TAKEN: IIMAC members made the advisory recommendation by consensus to approve the UNE guideline with the condition that the following changes are made: 1. Remove "activity-related" from subjective section of guideline summary table 2. Insert "OR"s between criteria of objective section (e.g. "Diminished sensation…" OR "Progressive muscle…" OR "Atrophy of…") 3. Insert an asterisk after the title "Objective" under Clinical Findings in the guideline summary table. Insert footnote: "In unusual circumstances, a patient may have appropriate symptoms and abnormal EDS without objective physical findings." UNE Guideline will be effective January 1, 2010 The proximal radial nerve entrapment guideline progress was briefly presented. The next subcommittee meeting (11/18/09) will focus on completing the draft for IIMAC review and recommendation in January. The anticipated public comment period is 12/18/09-1/8/10. The final draft should be circulated to IIMAC members about 1/18/10.
Presentation of final Quantitative Sensory Testing (QST) policy	Josh Morse shared an update on the final draft of the QST policy. The draft was open for public comment in September. Only one comment was received; it supported the policy as written. The final policy will not allow payment for QST. ACTION TAKEN: IIMAC members made the advisory recommendation by consensus to approve the final draft of the QST policy.
Additional Update	Future work of the UPEX was reviewed. Dr. Carter is currently contacting specialists to contribute to the Thoracic Outlet Syndrome guideline that begins in December. An additional meeting will be scheduled on January 13th for the UPEX subcommittee in an effort to complete the TOS work by the April IIMAC meeting as originally planned. All subcommittee members present agreed to meeting.
Report on Opioid Dosing Guideline AMDG/IIMAC Meeting	Jaymie Mai summarized the Agency Medical Directors Group (AMDG) Opioid Dosing Guideline meeting that was held in August. Highlights of the August meeting included: 1. Dr. Vonkorff presented information on the risks, mortality, and morbidity of opioids 2. Dr. Neven presented the background, development, and operation of the ER risk management program in Spokane 3. Josh Morse presented the results of the opioid dosing guideline survey and evaluation. 4. DOC and DSHS also gave presentations on their programs and their morbidity and mortality data. DSHS wants to address mental health screening in the guideline.

	The group was in favor of continuing to focus on patient and physician education and removing the term "pilot" from the current guideline. Additionally, members discussed other ideas for updating the guideline such as mandatory CME, a patient registry for patients with chronic pain, adding tools (e.g. patient education aid, urine testing). Dr. Stockbridge suggested 4 possible areas of focus for the next two AMDG/IIMAC meetings (November 5, 2009 and February 4, 2010 – both at the SeaTac Hilton): • Additional tools to improve the guideline (specifically, drug testing and substance abuse screening) • Efforts to educate physicians and prescribers • Efforts to educate patients • Access to pain specialists Other ideas for work included: 1. Provider education on how to taper 2. Screening should include alcohol and tobacco 3. Best way to do in-office urine screening 4. Addressing issue of provider referrals to pain specialists The IIMAC discussed who to invite for presentations and/or help with guideline work. Names shared included: Dr. Andrea Trescot, Rick Reese. The IIMAC agreed that these 4 areas were reasonable. Dr. Tauben suggested that instead of working in 4 workgroups, there should be only one workgroup to collectively work on all areas.
Report from Chronic Pain Subcommittee	Dr. Friedman shared an update on the work of the Chronic Pain subcommittee. The subcommittee will be involved in working on the update of the Opioid Dosing Guideline. It has also been involved in developing the patient education aid for the SIMP. Dr. Friedman asked the IIMAC for topics that the subcommittee should focus on. Highlights of ideas presented include: 1. Assess benefit of treatment agreement for providers 2. Non-narcotic treatment modalities for chronic pain 3. Provider education for physicians about sending patients with chronic pain to surgeons. 4. Define what the hallmark signs of chronic pain are. 5. How to determine who goes to a surgeon and who goes to a physiatrist 4. Development of algorithm that can link function with medication use 5. Expand Suboxone section of guideline 6. Address personal stressors that contribute to pain 7. Address issues such as depression, anxiety, sleep Dr. Glass asked IIMAC to advise L&I on what patients really need to prevent pain from becoming chronic (e.g. early intervention with cognitive behavioral therapy, psychiatry, psychology, education, etc.).
Policy Updates & Reports	Simone Javaher provided an update on the Structured Intensive Multidisciplinary Program (SIMP) for Chronic Pain with a review of the final rule and policy (published in Provider Bulletin 09-07). The effective date is November 1, 2009. Follow up services will be billed and paid per minute. The lumbar fusion guideline was amended to address the decision by the Health Technology Clinical Committee requiring those with uncomplicated degenerative disc disease to complete a SIMP before having surgery. ********** Josh Morse described the Radiology Utilization Review (UR) Program and the ESHB 2105 which requires UR for certain diagnostic imaging tests

	IIMAC suggested creating a guideline for MRI imaging. The committee was referred to the current L&I MRI imaging guideline. Suggestions made by committee members included: 1. Getting some workers' compensation input in creating the guidelines/checklists (issues include using early time loss or disability syndrome as indications for imaging). 2. Checking the current guideline for inclusion of necessary criteria. 3. Adding some data re: the percentage of low back MRI use at L&I.to educate providers. 4. Have the Advanced Imaging Workgroup consider adopting the L&I MRI guideline. The IIMAC asked to be included in reviewing the AIM workgroup guideline/checklists. All comments will be sent to Josh Morse.
Action Items for Next Meeting	FOR FOLLOW-UP ACTION (next meeting): For final review & decision: 1. Proximal Radial Nerve Entrapment Guideline Next meeting for the **IIMAC** is on January 28, 2010. Next meeting for the **IIMAC Upper Extremity Entrapment Subcommittee** is November 18, 2009.